William L. Morrison

**COMPLETE IF KNOWN** 

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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

PATENT APPLICATION (37 CFR 1.63)

Attorney Docket Number

**First Named Inventor** 

**Application Number** 

XX Declaration	Declaration	Filing Date						
Submitted OR	Submitted after Initial Filing (surcharge	Group Art Unit						
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name						
As a below named inventor, I he	reby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural								
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	Back-up Mirror System for Vehicle Safety when backing into lanes of cross-traffic with back-up mirror method.							
into ranes of Ci	ross-trailite	vitn back-u	ib mirroi	methon.	•			
(Title of the Invention)								
the specification of which	(Tide Of tile	nivenuonj						
X								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
					1			
Application Number	and was ame	ended on (MM/DD/YY	YY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-								
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's								
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for								
patent, inventor's or plant breeder application on which priority is clair		ny PCT international	application havin	ng a filing date be	efore that of the			
Prior Foreign Application	Country	oreign Filing Date	Priority	Certified Co	py Attached?			
Number(s)	Journey	(MM/DD/YYYY)	Not Claimed	YES	NO			
Additional foreign application	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
	Training of a are noted of a ea	ppicalcate paonty da	La Sticct I C/CD	OZD allached ne	reto:			

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR X Correspondence address below							
Name William L. Morrison							
Address 1023 W. Crescent Ave.							
city Park Ridge		State IL	ZIP 60068-3954				
USA Country	1 Telephone (8 <sup>1</sup>		none Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) William Lawrence Family Name or Surname Morrison							
Inventor's William Lawrence Morrison Date June 24, 2001							
Residence: City Park Ridge	State IL	Country USA	Citizenship USA				
1023 W. Crescent Ave. Mailing Address							
cmy Park Ridge	State IL	zip60068	Country USA				
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name none Family Name (first and middle [if any]) roughly family Name or Surname							
Inventor's Signature		Date					
Residence: City	State	Country	Citizenship				
Mailing Address							
City	State	ZIP	Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							